



# BJA BUREAU OF JUSTICE ASSISTANCE

## GMS Report Residential Substance Abuse Treatment (RSAT) Program 2009-RT-BX-0057 Reporting Period: July 1 - December 31, 2009

This report is generated for the California Emergency Management Agency grantee for federal award number 2009-RT-BX-0057. The award amount is \$971,586. The award has been reported as NOT OPERATIONAL during the period July 1 - September 30, 2009. It reflects performance measurement data for the period October 1 - December 31, 2009. Any funds reported only represent an estimate of dollars allocated or used for activities covered by this award.

A total of 5 subawards were made to the 5 subrecipients for this period.

The following table shows the status of reported grant dollars during this time period.

Amount of Federal Award Reported During the July 1 - December 31, 2009 Period	
4 Subawards Reporting Performance Data	\$779,087
1 Subaward Reporting Not Operational	\$95,340
Amount of Federal Award Reported	<b>\$874,427</b>
Amount of Federal Award Not Reported	<b>\$97,159</b>
<b>Total Amount of Federal Award</b>	<b>\$971,586</b>

### Project Description

The Residential Substance Abuse Treatment Formula Grant Program (RSAT) assists states and local governments in developing and implementing substance abuse treatment programs in state and local correctional and detention facilities. The RSAT Program also assists states and local governments in creating and maintaining community-based aftercare services for offenders who are released from institutionally based substance abuse programs. Residential Substance Abuse Treatment Formula Grant funds may be used to implement three types of programs. At least 10 percent of the total state allocation for FY 2009 shall be made available to local correctional and detention facilities (provided such facilities exist) for either residential substance abuse treatment programs or jail-based substance abuse treatment programs as defined below.

The California Emergency Management Agency (CalEMA) will use the RSAT funds to provide assistance with the following: establish local correctional and detention facilities that provide treatment services to offenders incarcerated for periods no less than six months and no more than twelve months; implement a comprehensive statewide substance abuse testing and reporting system; meet the treatment needs of participants involved in the residential substance abuse treatment program, including the dual diagnosed offender population statewide; develop expanded treatment modalities that incorporate current research findings and program recommendations geared to reducing recidivism rates among drug treatment participants, and substantially improve the current service delivery; expand intake screening processes and treatment plan successes to include dual drug abuse and mental health assessments within the institutional, aftercare treatment, and relapse prevention settings; provide services that are designed to prepare offenders for their reintegration into the communities from which they came, through the delivery of community-based treatment and other broad-based aftercare services; and assist the inmate and their community through the reentry process via the delivery of both community-based treatment and other broad-based aftercare services. Due to the level of RSAT funding available, CalEMA has determined that the RSAT Program will have potential recipients compete for the 2009 Program funds. The RSAT Program implementation will commence upon the approval of California's application.

NCA/NCF

### Grantee Activity Reported

The Grantee designated that all grant funds are sub-awarded to subrecipients. Grantee does not implement any programs, services or activities for this award.

### Subrecipient Activity Reported

Subrecipient-level Program Types were funded as follows:

Program Types	Subrecipient Activity
Aftercare	Funded
Jail-Based	Funded
Residential	Funded

## Performance Measurement Data

Subrecipient-level data collected from all active subrecipients, for the period October 1 - December 31, 2009 is reported below:

Performance Measurement	Numeric Data
	Oct - Dec 09
1. Average treatment cost per offender for the BJA-funded residential program.	
A. Treatment provider salary (contractor or state employed) prorated to include the time spent in the BJA-funded program or the portion of the treatment provider's salary that is paid with BJA funds	193,226
B. Cost of additional residential material (special uniforms, non-recyclable classroom aids, pharmaceuticals if directly related to treatment, etc)	5,367
C. Number of offenders enrolled in the BJA-funded residential program (including those that drop-out or are removed)	339
D. Cost per offender for BJA-funded residential treatment (a+b)/c Auto-calculated by the PMT	585.82
2. Average length of stay in the BJA-funded residential program in days, for offenders completing the program	
A. Total number of days between program entry and program exit for all offenders who complete the BJA-funded residential program during the reporting period	20,654
B. Number of offenders to successfully complete the BJA-funded residential program during the reporting period	177
C. Average length of stay for offenders that successfully complete the BJA-funded program (a/b)	116.69
3. The number of offenders served in the BJA-funded program during the reporting period	
A. Number of offenders carried over from the reporting period in the BJA-funded program	244
B. Number of NEW offenders added during the reporting period in the BJA-funded program	186
C. Total number of offenders that exited the BJA-funded program (successfully and unsuccessfully) during the reporting period	NR
D. Total number served during the reporting period ((a+b)-c) Auto-calculated by PMT	NR
4. Total number of offenders who successfully completed the BJA-funded program	
A. Number of offenders that successfully completed the BJA-funded program during the reporting period	177
B. Number of offenders who dropped out of the BJA-funded residential program	201
C. Number of offenders who were terminated from the BJA-funded residential program	352.43
4. The number of offenders who successfully completed the BJA-funded program.	
A. Total number of offenders that exited the BJA-funded program (successfully and unsuccessfully) during the reporting period (Auto-fill 3C)	NR
B. Of those in A, the number of offenders that successfully completed the BJA-funded program during the reporting period	NR
C. Of those in A, the number of offenders who dropped out of the BJA-funded residential program	NR
D. Of those in A, number of offenders who were terminated from the BJA-funded residential program	NR
E. Percent of offenders who successfully completed the BJA-funded program (B/A)(Auto-calculated by the PMT)	NR
5. The number and percent of offenders in the BJA-funded residential substance abuse treatment program	
A. Number of offenders in the BJA-funded residential treatment program	275

B. Number of offenders (BJA and non-BJA funded) in the residential treatment program	275
C. Percent (a/b) Auto-calculated by the PMT	100%
5. The number new beds created with the current BJA award	
A. Total number of BJA-funded beds created as a result of the current award during this reporting period	64
B. Total number of BJA-funded beds available	263
5. The number of new beds created with the current BJA award	NR
6. Percent of treatment beds funded through other sources, but enhanced with BJA-funded services	
A. Number of treatment beds funded through other sources, but enhanced with BJA funds during the reporting period	60
B. The number of treatment beds funded by all sources (BJA award and non BJA funds) during this reporting period	803
C. Percent (a/b) Auto-calculated by the PMT	7.47%
7. Number of days of residential treatment provided in a BJA-funded program	
A. Total number of residential service days	15,208
B. Number of offenders in the BJA-funded residential treatment program	261
C. Average amount of service provided (a/b) Auto-calculated by the PMT	58.27
8. The number and percent of offenders who completed the BJA-funded program and have passed drug testing during this reporting period	
A. Total number of offenders that have completed the BJA-funded program and have passed the drug test during this reporting period	177
B. Total number of offenders that have completed the BJA-funded program and have been drug tested (that passed and failed)	177
C. Percent of offenders that have completed that BJA-funded program and have passed drug testing (Auto-calculated A/B)	100%
9. Average treatment cost per offender for a BJA-funded aftercare program	
A. Treatment provider salary (contractor or state employed) prorated to include the time spent in the BJA-funded program or the portion of the treatment provider's salary that is paid with BJA funds	NR
B. Cost of additional residential materials (special uniforms, non-recyclable classroom aids, pharmaceuticals if directly related to treatment, etc)	NR
C. Number of participants enrolled in the program (including those that drop-out or are removed)	NR
D. Cost per offender for aftercare program ((a+b)/c) Auto-calculated by the PMT	NR
10. Number of days of aftercare provided in the BJA-funded aftercare program	
A. Total number of aftercare service days provided for offenders in the BJA-funded aftercare program during this reporting period	4,799
B. Total number of offenders to receive BJA-funded aftercare services during this reporting period	193
C. Average amount of service provided (a/b) Auto-calculated by the PMT	24.87
10. The number of offenders entering a BJA-funded aftercare program	
A. Number of offenders in a BJA-funded aftercare program at the beginning of the reporting period	43
B. Number of new admissions to BJA-funded aftercare program during the reporting period	193
C. Total number of offenders served by BJA-funded aftercare program (a+b) Auto-calculated by the PMT	236
11. Average length of stay in the BJA-funded aftercare program in days, for all offenders completing the program.	
A. Total number of days between program entry and program exit for all offenders who complete the BJA-funded aftercare program during the reporting period	2,106
B. Number of offenders to successfully complete the BJA-funded aftercare program during the reporting period	13

C. Average length of stay for offenders that successfully complete the BJA-funded aftercare program (a/b)	162
12. Percent of offenders successfully completing the BJA-funded aftercare program	
A. Total number of offenders that exited the BJA-funded aftercare program (successful or unsuccessful)	20
B. Of those in A, the total number of offenders that successfully completed the BJA-funded aftercare program	44
C. Of those in A, the total number of offenders who dropped out of the BJA-funded aftercare program	114.92
D. Of those in A, the total number of offenders who were terminated from the BJA-funded aftercare program	NR
E. Percent (B/A) Auto-calculated by PMT	220%
13. The number of offenders who completed the program and have remained drug-free during the BJA-funded aftercare program	
A. Number of offenders who have completed the BJA-funded aftercare program	58
B. Of those that completed the program (A value), the number that have remained drug free during the aftercare program	58
14. The number of offenders who completed the program and have remained arrest-free during the BJA-funded aftercare program	
A. Number of BJA-funded offenders who completed the program and have remained arrest-free during the aftercare program for the current reporting period	62
B. Number of BJA and non-BJA funded offenders who completed the program and have remained arrest-free during the aftercare program for the current reporting period	62
14. The number of offenders who completed the BJA-funded program and have remained arrest-free during the aftercare program	
A. Number of offenders who have completed the BJA-funded aftercare program (Auto-fill 13A)	NR
B. Of those that completed the program (A value), the number that have remained arrest free during the aftercare program	NR
15. The number of offenders who completed the BJA-funded aftercare program and have remained arrest-free for 1 year following release from the aftercare program	
A. Number of offenders tracked 1 year following release from an aftercare program	10
B. Of the number that were tracked, the number that remained arrest-free	24
C. Percent (b/a) Auto-calculated by the PMT	240%

**Grantee Comments**

Grantee comments were added as follows:

July to September 2009
[No Comments Entered]
October to December 2009
[No Comments Entered]

## Narrative

Grantee-level narrative for the period July 1, 2009 - December 31, 2009 were reported as follows:

### BJA 7 Questions

**Question:** What were your accomplishments within this reporting period?

**Response:**

Orange County Probation Department started two Youth Reporting Centers where minors can receive treatment in the community rather than the filing of probation violations. In addition, the department continued with implementation of the Juvenile Detention Alternatives Initiative (JDAI) which requires use of a research validated risk assessment instrument to make determinations as to whether minors should be detained at Juvenile Hall pending the adjudication of their case in Juvenile Court. The combination of these efforts resulted in greatly reduced in-custody populations and also reduced the commitment lengths the Juvenile Court ordered. Riverside County Sherriff re-entry services, added 12 new employer contacts to the database of employers willing to hire ex-offenders. 31 RSAT participants attempted to complete all five components of the GED test. 23% passed all five tests. 6% completed all five tests, but did not pass. 71% remain incomplete; they have passed two or more of the five tests. Sacramento County Sheriff reports the addition of one full time re-entry specialist providing support for participants. In addition, the therapist conducts one class per week with a curriculum designed to assist participants in their preparation for community re-integration. The project has also begun integration of a Addiction Severity Index (ASI) questionnaire used to administer to the participants to assess the potential problems in various areas of their life including: medical, employment status, alcohol, drug, legal, family/social, and psychological. Tulare County Sheriff Department reports their new transitional class is fully implemented and operational. During this transitional phase, soon to be released inmates are able to verify probation status and requirements once released.

**Question:** What goals were accomplished, as they relate to your grant application?

**Response:**

Orange County Probation Department RSAT Program was altered to accommodate shorter commitments. Since implementation of this change, the Addiction, Substance Abuse, Education, Recognition and Treatment (ASERT) program has succeeded in keeping the beds at or near capacity on a continuous basis. Riverside County reports all operational components of the RSAT Program have continued throughout the entire grant award period. During the period, interviews were conducted and three correctional counselors were selected for hire and are currently in the final stages of the background clearance process. These counselors will provide pre and post therapeutic services. Sacramento County was able to implement and begin providing all services detailed in their grant application. During the reporting period, Tulare County met with operational partners and successfully completed to following objectives: worked with probation to establish procedures and a system that will enable to determine the status of RSAT graduates in aftercare; worked with mental health to establish contacts and procedures for inmates who are involved with the mental health system; installed a new computer software program that will allow the project to track inmates within the drug court system; met with the Visalia Rescue Mission to establish procedures for referrals for those inmates who will be homeless upon release; and established aftercare classes to inmate graduates at two additional locations.

**Question:** What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?

**Response:**

Orange County Probation reports the biggest barrier for their ASERT Program was the loss of one program unit supervisor during the reporting period. Due to the budget cuts, the department was not able to fill the position immediately. In November 2009, a supervisor was transferred into that position from another assignment. Currently, this unit is now taking a leadership role in implementation of the evidence-based program due to the extensive knowledge of programs by the new supervisor. Riverside County reports that delays related to hiring personnel prevented their agency from reaching their goals during the reporting period. The project submitted a request to modify their grant to Cal EMA that shifted a portion of key administrative duties to correctional deputy personnel. This modification has allowed for administrative support to further the goals and objectives of the program. Sacramento County reports no problems/barriers for this reporting period. Tulare reports the biggest challenge to their project will be the accurate reporting participants are drug free since the only required, routine drug testing is through the court system.

**Question:** Is there any assistance that BJA can provide to address any problems/barriers identified in question #3 above?

**Response:**

No

n/a

**Question:** Are you on track to fiscally and programmatically complete your program as outlined in your grant application? (Please answer YES or NO and if no, please explain.)

**Response:**

Orange County Probation Department is on track fiscally and programmatically. Riverside County is on track fiscally and programmatically. Sacramento County is on track fiscally and programmatically. Tulare County is on track fiscally and programmatically.

**Question:** What major activities are planned for the next 6 months?

**Response:**

Orange County Probation Department's ASERT Program minors will compete in the CA Interscholastic Federation basketball versus high schools in the community. In May, the ASERT minors will participate in the Annual Career Fair. This is an opportunity for minors to meet with employers, college and vocational school representatives, and learn about career options from persons working in various fields. Riverside County will continue to progress towards accomplishing the goals of the program by developing the resource directory; developing and implementing a revised initial assessment and aftercare needs assessment; and, continue working towards identifying and establishing partnerships with non-profit and faith based organizations, as well as government and service agencies for referral services. Sacramento County is planning to continue to build upon new classes recently implemented. The project is planning a site visit to San Francisco to observe the Residential and Re-entry/Aftercare programs they have so effectively created. Tulare County states they will increase job awareness and continue to seek ways to monitor progress on the outside.

**Question:** Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with BJA?

**Response:**

Orange County Probation Department's Thinking for a Change and Agression Replacement Therapy being used at YGC are well known evidence-based best practices. In addition, the Youth Guidance Center also houses two other programs. Great success has been found in meeting the treatment needs of female wards through an emphasis on treatment of post-traumatic stress disorder. Tulare County using the Outcome Assessment and Reporting System (OAARS) designed to assess the viability of a substance abuse program. In addition to tracking demographics and history, it assesses the following components of the individuals and is compiled to represent the program as a whole: emotional volatility; ability to focus on treatment; affective and anxiety disorders; awareness and understanding of the condition; openness and personal commitment to change; willingness to involve others in treatment; and ability to follow through on the treatment plan.

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